Application or	Docket	Number
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	Effective October 1, 2001											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAI TYPE		NTITY	OR	OTHER SMALL		
то	TAL CLAIMS						RA	TE	FEE		RATE	FEÉ
FO	R		NUMBER FILED		NUMBER EXTRA		BASI	FEE	370.00	OR	BASIC FEE	740.00
TO	TAL CHARGEA	BLE CLAIMS	minus 20= '		*		X\$	9=		OR	X\$18=	
	EPENDENT CL			ius 3 =	*		X4	2=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+14	0=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	TO	ΓAL		OR	TOTAL	
	ĆI	LAIMS AS A	MENDED	- PAR (Colui		(Column 3)	SMA	ALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT&		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	· 1817	Minus	** 2	0	=	X\$	9=		OR	X\$18=	
AME	Independent	* 7	Minus	***	3	- 6 74	X4	2=		OR	1994 = (344
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		+14	0=.		OR	+280=	•
							T ADDIT	OTAL FFF		OR	TOTAL ADDIT. FEE	344
		(Column 1)		(Colu	mn 2)	(Column 3)	_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=] x\$	9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	=	X4	2=		OR	X84=	
<u>L</u>	FIRST PRESE	NIATION OF M	OLTIPLE DEF	ENDEN	CLAIM		+14	0=		OR	+280=	
							T ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE	
:		(Column 1)			mn 2)	(Column 3)	<u>_</u>					
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	T 01 11]=	X4	2=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIN		J +14	0=		OR	+280=	
*	If the entry in colu	mn 1 is less than t	the entry in colu	mn 2, writ	te "0" in co	olumn 3.	<u> </u>	OTAL		OR	TOTAL	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Effective November 10, 1998

CLAIMS AS FILED - PART I								ENTITY		OTHER	THAN
		(0	column 1)		mn 2)	T	/PE		OR	SMALL	ENTITY
FO	R	NUMB	ER FILED	NUMBER I	EXTRA	R/	NTE.	FEE		RATE	FEE
ВА	SIC FEE							380.00	OR		760.00
TOTAL CLAIMS minus 20= *						X	9=		OR	X\$18=	1
INDEPENDENT CLAIMS / minus 3 = *							39=		OR	X78=	\
MULTIPLE DEPENDENT CLAIM PRESENT							30=		OR	+260=	
* If	the difference	TO	TAL		OR	TOTAL	1/10				
	C	LAIMS AS A	MENDED		(Column 3)	SM	ALL	ENTITY	OR	OTHER SMALL I	
		(Column 1) CLAIMS	F-7-X2.45-75-10	(Column 2) HIGHEST	(Column 3)			ADDI-) 		ADDI-
NTA		REMAINING AFTER AMENDMENT	in Ei	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE.	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X	9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X	B9=		OR	X78=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		+1	30=		OR	+260=	
							OTAL			TOTAL	
						ADDI	r. FEE	L	JO.,	ADDIT. FEE	
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)			1			
NT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	- R/	TE_	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 9	Minus	** 2	=	X\$	9=_		OR	X\$18=	766
MEN	Independent	* 7	Minus	***	=	X	19=		OR	X78=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		+1:	30=		OR	+260=	
						L	OTAL		1	TOTAL	
				(a .)	(0)	ADDI [*]	r. FEE	L	J 🗸 ' '	ADDIT. FEE	
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)						
NT 🕰		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT -EXTRA	R/	TE \	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 19	Minus	** 20	=	XS	9=	VLEE.	OR	X\$18=	rec
MEN	Independent	* \$	Minus	*** 3	=	_					
4	FIRST PRESE		ULTIPLE DEP	ENDENT CLAIM		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	9=	 	OR	X78=\	
						+13	30=		OR	+260=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

Effective October 1, 2001

Application or Docket Number
09 286 294
09 286 294 RCS

CLAIMS AS FILED -							SMALL EN	ITITY			THER THAN	
			(Column	1)	(Colu	mn 2)	1	TYPE		OR	SMALL	ENTITY
TC	TAL CLAIMS			*				RATE	FEE		RATE	FEE
FO	R		NUMBER F	ILED	NUMBI	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	19: min	us 20=	*			X\$ 9=		ÒR	X\$18=	
_	EPENDENT CL		<u> </u>	minus 3 = *				X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRE			RESENT	·	•			+140=		OR	+280=	
* If the difference in column 1 is			less than ze	ro, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL	740
	C	LAIMS AS A	MENDED	- PAR	ŤΙΙ			,			OTHER	THAN
		(Column 1)			mn 2)	(Column 3)		SMALL	ENTITY	OR.	SMALL	ENTITY
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIM		•	X42=		OR	X84=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ŀ	+140=		OR	+280=	
	•					:		TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	,
		(Column 1)	•	(Colu	mn 2)	(Column 3)		ADDII. I CE I	•			
AMENDMENTB	Agricon de la companya de la company	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO NO NO NO NO NO NO NO NO NO NO NO NO N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18≐	
AME	Independent	* . NTATION OF MU	Minus	***	T CL AINA	=		X42=		OR	X84=	
<u> </u>	PIRST PRESE	NIATION OF MC		ENDEN	CLAIN		J	+140=		OR	+280=	-
	•						_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	/	(Column 1)			mn 2)	(Column 3)		ADDII. I EE I				
AMENDMENTS		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus .	**		=		X\$ 9=		OR	X\$18=	
R	Independent	*	Minus	***		= .]	X42=	·	00	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM] }			OR		
			a anima in actio		o *O* := -=	lump 3		+140=		OR	+280=	
**	If the "Highest Nu	mn 1 is less than th mber Previously Pa	aid For IN THI	S SPACE	is less tha	n 20, enter "20.		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
4.81	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Effective October 1; 2000

Application or Docket Number

09 28 6794CPA

CLAIMS AS			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER OR SMALL		-
TC	TAL CLAIMS						ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/9 minus 20=		•			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	2 mir	nus 3 =				X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		>.			+135=		OR	+270=	
• If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2		TOTAL			TOTAL	710
	CI	LAIMS AS A	MENDED	- PAR	T II						OTHER	THAN
		(Column 1)	programa and a manager	(Colu		(Column 3)		SMALL E		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL A114	=		X40=	OP	OR	X80=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEP	ENDEN	CLAIM		<u>ا</u> ا	+135=	-	OR	+270=	
								TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		•	ADDIT. PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM			+135=		OR	+270=	
		•					1	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT. FEE		•	ADDIT. I CC	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	••		=]	X\$ 9=		OR	X\$18=	
AME	Independent		Minus	•••]=	-l l	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	II CLAIM		-	+135=		OR	+270=	
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											